VICINITY MAP SCALE 1"=2,000' (COVER SHEET ONLY) ENGINEER, OWNER, APPLICANT INFORMATION NOTE: ITEMS IN BLUE ARE TO NOTE: ITEMS IN RED WILL BE BE COMPLETED BY DESIGNER COMPLETED BY CITY STAFF AS (CHANGED OR REMOVED) NEEDED. (COVER SHEET ONLY) PROFESSIONAL CERTIFICATION:
I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed Professional Engineer under the laws of the State of Maryland, License No. ______,
Expiration Date: ______, BEFORE BEGINNING CONSTRUCTION CONTACT "MISS UTILITY" WWW.MISSUTILITY.NET
OR
1-800-257-7777
OR 811
AT LEAST 48 HOURS
PRIOR TO EXCAVATION ENGINEERS SEAL, SIGNATURE AND DATE X XX XX XX P.E. INITIAL DATE NOTE: Applicant to add permit numbers that are applicable to this sheet. DESCRIPTION OF REVISION NAME APPROVAL OF REVISIONS AFTER INTIAL PLAN APPROVAL DESIGN PLAN APPROVAL DATE SUBMITTED: DEPARTMENT OF PUBLIC WORKS AS BUILT PLAN APPROVAL SHEET TYPE OF PLAN PROJECT NAME SUBDIVISION, LOT, BLOCK OR PARCEL NUMBER MM/DD/YYYY CITY OF ie STORM DRAIN AND PAVING PLAN PWK# XXXX-XXXXX SCP# XXXX-XXXXX DPW TO PROVIDE CITY IFB NUMBER (REMOVE IF NOT APPLICABLE) 1"=XX' TYPE OF SHEET REVIEWED BY SMP# XXXX-XXXXX ie SD PROFILES

CHIEF, CONSTRUCTION MANAGEMENT APPROVAL DATE

Election District No. (4 or 9) City of Rockville, Maryland

111 MARYLAND AVE.

ROCKVILLE, MARYLAND

DIRECTOR OF PUBLIC WORKS

APPROVAL DATE